



DREAM SLEEP RESPIRATORY
"Breathing Made Easy"



SLEEP APNEA TESTING - CPAP THERAPY - HOME OXYGEN - PULMONARY FUNCTION TESTING - BIPAP THERAPY

P: (587) 882-2868 • F: (780) 761-5400 • DREAMSLEEP.CA

Patient Information / Patient Label

Last Name: _____

First Name: _____

Address: _____

Gender: M F Date of birth: _____

Daytime Phone: _____

AHC Number: _____

Referring Physician / Clinic Information / Label

Clinic Name: _____

Office Phone: _____

Office Fax: _____

Referring Physician: _____

Prac ID: _____

Signature: _____

Sleep Services

- Level-3 Sleep Diagnostics¹
- CPAP Trial
- CPAP Reassessment / Intervention
- Dental Appliance Therapy Consultation²

Pulmonary Function Services (Check all that Apply)

- Routine PFT³
- Urgent PFT³
- Spirometry⁴

Reason for Testing: _____

Repeat Testing Every _____ (Months) _____ (Years)

Home Oxygen Services (Please Check All That Apply)

Diagnosis:

- Oxygen Assessment (Spirometry as Required)
- Oxygen therapy _____ LPM _____ Hours/day

- Maintain SpO₂ > 89%
- Arterial Blood Gas (as per AADL Guidelines)
- Other _____

Notices and Special Instructions:

1. May include: CPAP trial / treatment, oral appliance, referral to sleep specialist / PSG, Spirometry, and/or PFT.
2. May require a Level-3 Sleep Study.
3. Flow volume loop, lung volumes, diffusion capacity and oximetry.
4. Testing will include pre and post spirometry with bronchodilator unless otherwise specified.

Please be advised that all patients referred for pulmonary function testing will be asked, unless otherwise directed by the referring physician, not to use any short acting bronchodilators for at least 4 – 6 hours prior to the test. Also, patients will be advised not to use any long acting bronchodilators for at least 24 hours prior to testing, (PFT testing in Red Deer performed by Central Alberta Lung Lab).

Physician Comments: _____

Please forward screening results to treating physician (If applicable please include the following information):

Physician: _____ Fax: _____ Clinic: _____

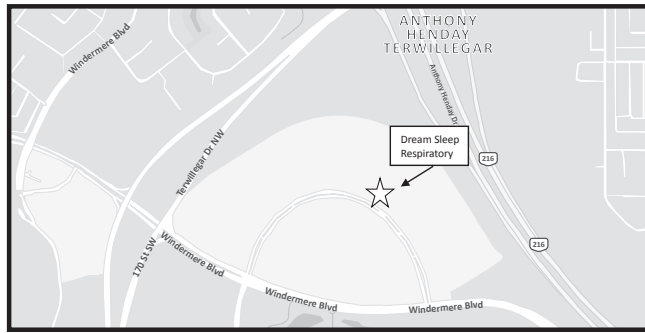
Wolf EMR



Med Access EMR

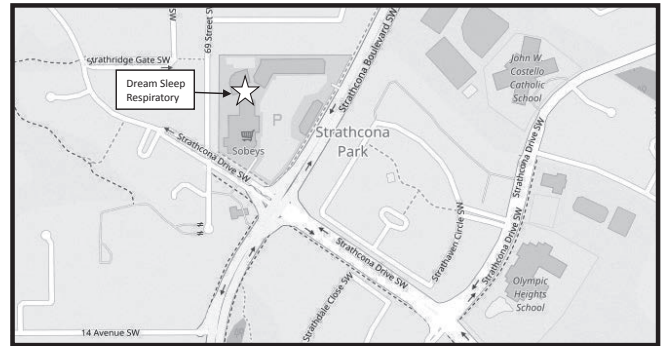
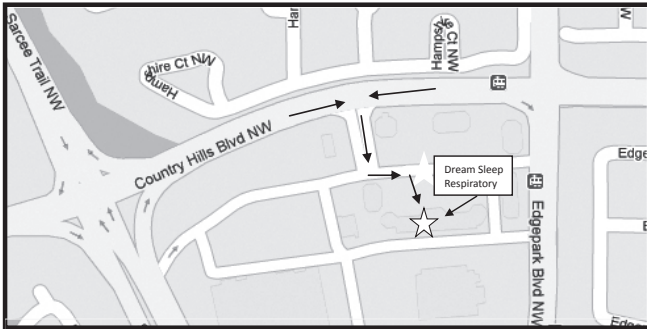


Edmonton: 6113 Currents Dr NW, Edmonton, AB T6W 2Z4



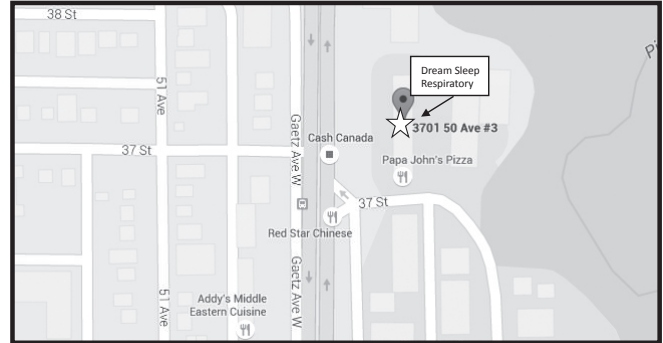
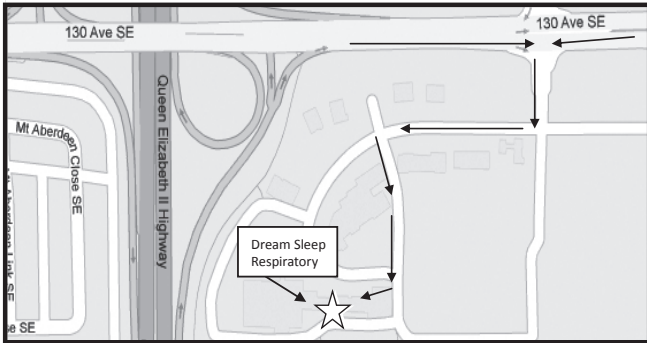
North West Calgary: Unit 202 - 5149 Country Hills Blvd NW T3A 5K8
(Country Hills Village)

South West Calgary: Unit 212 - 555 Strathcona Blvd SW T3H 2Z9
(Strathcona Square)



South East Calgary: Suite 63 - 4307, 130th Avenue SE T2Z 3V8
(South Trail Crossing)

Red Deer: #3, 3701 - 50th Avenue Red Deer AB T4N 3Y7



STOP BANG QUESTIONNAIRE

- Yes No **S**noring? Do you **Snore Loud** enough to be heard through closed doors or your bed-partner elbows you for snoring at night?
- Yes No **T**ired? Do you often feel **Tired, Fatigued, or Sleepy** during the day (such as falling asleep during driving)?
- Yes No **O**bserved? Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?
- Yes No **P**ressure? Do you have or are being treated for **High Blood Pressure**?
- Yes No **B**ody Mass Index more than 35 kg/m²? Or, What is your height ____ (ft) or (M) & How much do you weigh ____ (lbs) or (kg)?
- Yes No **A**ge older than 50?
- Yes No **N**eck size large? (Measured around Adams apple)
For male, is your shirt collar 17 inches / 43 cm or greater?
For female, is your shirt collar 16 inches / 41 cm or greater?
- Yes No **G**ender = Male?

A score of 3 or higher indicates need for a sleep study